

# Town Rider Scheme

## Application for Registration

Confidentiality will be maintained at all times

No public access to this information will be allowed

### Personal Details

Title e.g (Mr/Mrs/Miss) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email \_\_\_\_\_

**Bus Pass number** \_\_\_\_\_

### Emergency Contact e.g. (Relative/Friend/Neighbour)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**In order we may allocate the right vehicle and driver for your requirements please provide us with information on the following:**

**Please delete as**

**appropriate**

Are you able to get up and down minibus steps unassisted? Yes/ No

If no, do you require use of a passenger lift? Yes/ No

When travelling do you use:

a) a wheelchair Yes/ No

If yes, can you transfer unaided to a minibus seat? Yes/No

Is your wheelchair manual or electric? manual/electric

If a manual wheelchair, is it collapsible? Yes/ No

Please supply details of the make and model of your wheelchair in the box below

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b) a walking stick Yes/ No

c) a walking frame/ crutches Yes/ No

d) a rigid shopping trolley Yes/ No

Do you have a visual impairment Yes/ No

Do you have a hearing impairment Yes / No

Are there any parking or access problems at your home Yes / No  
If yes, please specify

Other Special Requirements for Travel:

**General Health:**

Please give details of any conditions that you may have which you think we need to be aware of e.g. giddiness, angina, arthritis etc., so that we may provide you with a safe & stress free journey

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I declare that the information provided is correct at the time of completion and understand that should my circumstances change in relation to eligibility for use of the scheme, then I should notify the OTED office as soon as I am able.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Town Rider Scheme

## Please return completed form to:

Town Rider Scheme  
c/o OTED Transport  
Unit 1 A Australian Terrace  
Bridgend  
CF31 1LY

Once your application is received and processed we will notify you of acceptance to the scheme and arrangements for booking travel. Please note that this process may take up to 10 working days.

## Equal Opportunities Policy Monitoring

Provision of this information will help us ensure that all sections of the community are aware of the scheme

Please tick as appropriate

Are you:

**Gender:** Male  Female

**Age:** Under 16  16 – 35

35- 65  over 65

**Ethnic** Black Caribbean  White British

**Origin** Black African  White Other

Other, please specify .....

Signed .....

Office Use Only

CTX No	CS No:	Date:
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